## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:					PAGE	= 9	98	OF	142	
	(check only one)									
	×	11a		11b		11c		12		
I		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributio or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee										
NAME OF COMMITTEE (In Full) RAND PAUL VICTORY KENTUCKY										
Α.	Full Name of Individual (Last, First, Middle Initial ROSE, LESLIE, , MR.,  Mailing Address 330 S OCEAN BLVD  APT 3B	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y								
	City	State	Zip Code	Transaction ID : SA11A.728361						
	PALM BEACH	FL	33480-4263	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		7700.00						
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item						
	RETIRED	RETIR	ED	CONTRIBUTION						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 11400.00							
В.	Full Name of Individual (Last, First, Middle Initial ROSS, DAVID, D., MR.,	Date of Receipt								
	Mailing Address 520 TEX LN	Otata	7in Oods	08 17 2016						
	City MADISONVILLE	State KY	Zip Code 42431-8983	Transaction ID : SA11A.728252						
		KI	42431-0903	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer (for Individual) ALLIANCE COAL LLC		ation (for Individual) FOPERATIONS	Memo Item CONTRIBUTION						
	Receipt For:    Primary   General	Aggregate Ye	ear-to-Date ▼							
	Other (specify) ▼		250.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial RUDD, ALLEN, , MR.,	Date of Receipt								
	Mailing Address PO BOX 609	08 17 2016								
	City MADISONVILLE	State KY	Zip Code 42431-0012	Transaction ID : SA11A.728267  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00  Memo Item  CONTRIBUTION						
	Name of Employer (for Individual) RUDD INSURANCE, INC.		ation (for Individual) ANCE AGENT							
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Other (specify)  General	7	250.00							
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			8200.00						